

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		①				
6		3				
7		3				
8		①				
9		①				
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TOTAL IND.	1	↓	↓	↓	↓	↓
TOTAL DEP.	28	↓	↓	↓	↓	↓
TOTAL CLAIMS	29					

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TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS						